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APPLICANTS

Yang (Jeff) Jiao, San Jose, CA;
~~Zhou (Mike) Hong, Cupertino, CA,~~

** CONTINUING DATA ***** *MA Ac.*** FOREIGN APPLICATIONS ***** *MA Ac*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

12/16/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Cat El</i> Examiner's Signature <i>A.C.</i> Initials				

ADDRESS

37509

TITLE

Anti-aliasing line pixel coverage calculation using programmable shader

FILING FEE RECEIVED 1044	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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